



REQUEST FOR NEW OR REVISED FORM OR FORM LETTER

1. TO		2. ROOM NO.		3. DATE OF REQUEST						
4. FROM (<i>Originating office and person to contact</i>)		5. ROOM NO. AND BUILDING		6. TELEPHONE EXTENSION						
7. FORM OR FL NO. (<i>If assigned</i>)		8. TITLE OR SUBJECT								
9. TYPE OF FORM OR FL REQUESTED (<i>Check one</i>) <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> TEST <input type="checkbox"/> NONRECURRING <input type="checkbox"/> OVERPRINT <input type="checkbox"/> REINSTATEMENT										
10. JUSTIFICATION AND PURPOSE (<i>Explain fully necessity, how the form or form letter will be used, reason for revision, etc.</i>)										
11. USED BY (<i>Specific users by organizational element and location</i>)					12. ESTIMATED MONTHLY USAGE					
13. CONCURRENCES OF OTHER AFFECTED OFFICES										
14. PROPOSED COVERING ISSUE(S) (<i>Attach draft, if available.</i>) <input type="checkbox"/> TO BE RELEASED WITH FORM OR FL <input type="checkbox"/> TO BE RELEASED SEPARATELY <input type="checkbox"/> NOT REQUIRED										
15. FORMS AND FL'S REPLACED, SUPERSEDED, OR ELIMINATED (<i>List by number and issue date</i>)					16. WILL EXISTING STOCKS BE USED? (<i>If "NO," indicate on reverse savings to be realized by immediate adoption of revision.</i>) <input type="checkbox"/> <input type="checkbox"/>					
17. METHOD(S) OF MAKING ENTRIES <input type="checkbox"/> PENCIL <input type="checkbox"/> INK <input type="checkbox"/> TYPEWRITER <input type="checkbox"/> OTHER (<i>Specify</i>)										
18A. COPY REQUIREMENTS AND DISPOSITION (<i>Indicate no. of copies to be prepared by showing disposition of each. For copies filed in VA, show where each will be maintained, specifying name of file, if applicable; and complete items 18B, 18C, 18D, and 18E.</i>)		18B. FILED BY (<i>No., date, name, etc.</i>)	18C. RECORDS CONTROL SCHEDULE ITEM	18D. TYPE OF FILE (<i>Top or side fastener folder, vertical, visible, etc.</i>)	18E. RECOMMENDED RETENTION PERIOD					
					MOS.	YRS.	OTHER (<i>Specify</i>)			
					ORIG.					
					DUP.					
					TRIP.					
					QUAD.					
QUIN.										
18E. JUSTIFICATION FOR RECOMMENDED RETENTION OF EACH PART TO BE RETAINED IN VA (<i>Continue on reverse</i>)										
19. TOTAL QUANTITY REQUESTED		20. GENERAL SPECIFICATIONS (<i>Indicate any special requirements regarding physical make-up.</i>)								
21. DATE REQUIRED BY USING OFFICE(S)		22. DISTRIBUTION INSTRUCTIONS <input type="checkbox"/> FOR INITIAL DISTRIBUTION - BALANCE TO BE DEPOT STOCK (<i>Attach Form 3-7225</i>) <input type="checkbox"/> TO DEPOT STOCK - FOR ISSUE ON AUTHORIZED REQUISITION <input type="checkbox"/> OTHER (<i>Specify</i>)								
23. SIGNATURE OF ORIGINATING OFFICER		24. DATE	25. SIGNATURE OF PUBLICATIONS CONTROL OFFICER		26. DATE					